

PART D. HEALTH INSURANCE

CP, YP, YA, YX
CSHCN

D1. The next questions are about all types of health insurance and health care coverage that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) may have. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? In this state, the program is sometimes called (FILL STATE MEDICAID NAME).

Las próximas preguntas son acerca de todos los tipos de seguro de salud y cobertura de servicios de salud que (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) pueda tener. ¿Está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) cubierto(a) por Medicaid, un programa de seguro de salud para personas con ciertos niveles de ingresos y para personas con incapacidades? En este estado el programa a veces se llama (FILL STATE MEDICAID NAME).

PROBE: Medicaid is a medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of the costs for covered medical expenses. It is run by state and local governments within federal guidelines.

PROBE: Medicaid es un programa de asistencia médica. Sirve a gente de ingresos bajos de todas las edades. Las cuentas médicas se pagan de fondos de impuestos federales, estatales, y municipales. Generalmente los pacientes no pagan ninguna parte de los costos por gastos médicos que están cubiertos. Los gobiernos estatales y municipales lo dirigen bajo directrices (pautas) federales.

- YES..... 01
- NO..... 00
- DON'T KNOW d
- REFUSED r

D2. Deleted

D3. CHECK AGE: Is NAME's age...

- <21 01 → Continue
- 21+ 00 → Go to D5

CP, YP, YA, YX (If living in S-CHIP state and under 21 years old)
CSHCN

D4. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by the State Children's Health Insurance Program, or S-CHIP? (FILL IF S-CHIP NAME IS DIFFERENT THAN STATE MEDICAID NAME) In this state, the program is sometimes called (FILL S-CHIP NAME).

¿Está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) cubierto(a) por el Programa Estatal de Seguro de Salud de Niños, o S-CHIP? (FILL IF S-CHIP NAME IS DIFFERENT THAN STATE MEDICAID NAME) En este estado el programa a veces se llama (FILL S-CHIP NAME).

PROBE: The State Children's Health Insurance Program (S-CHIP) expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private health insurance.

PROBE: El programa estatal de seguro de salud de niños, S-CHIP extiende cobertura de seguro de salud a los niños sin seguro cuyas familias ganan demasiado para que reciban Medicaid, pero demasiado poco para poder pagar seguro de salud privado.

YES..... 01
NO..... 00
DON'T KNOW..... d
REFUSED..... r

CP, YP, YA, YX
CSHCN

D5. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by health insurance that is provided by an employer or union or obtained directly from an insurance company?

¿Está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) cubierto(a) por un seguro de salud privado, o sea seguro de salud que se obtenido por medio de un empleo o de un sindicato o comprado directamente de una compañía de aseguranza?

YES..... 01
NO..... 00 → Go to D8
DON'T KNOW..... d → Go to D8
REFUSED..... r → Go to D8

D6. CHECK AGE: Is NAME'S age...

<17..... 01 → Go to D8
17+..... 00 → Continue

YP, YA, YX (with private health insurance)
Created

D7. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) get that insurance through a job of (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) own, (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) purchase it directly from an insurer, or (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) insured through someone else's policy, for example, (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) parents?

¿Recibe (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) ese seguro por medio de un empleo que (FILL "ÉL/ELLA" IF RTYPE=01,03; "UD." IF RTYPE=02) mismo(a) tiene, lo compra (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) directamente de una compañía de seguros, o está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) asegurado(a) por de la póliza de otra persona, por ejemplo, de sus padres ?

INSURED THROUGH OWN JOB/UNION.....	01
PURCHASE FROM INSURER.....	02
SOMEONE ELSE'S POLICY/PARENTS	03
OTHER (SPECIFY)↓.....	04
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DON'T KNOW	d
REFUSED	r

CP, YP, YA, YX
CSHCN

D8. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-V.A.?

¿Está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) cubierto(a) por servicios de salud militar (military health care), por CHAMPUS, por CHAMP-VA, o por TRICARE?

PROBE: **TRICARE** is a managed care program for active duty and retired members of the uniformed services, their families and survivors. **CHAMPUS** is a program of medical care for dependents of active or retired military personnel. **CHAMP-V.A.** is medical insurance for dependents or survivors of disabled veterans.

PROBE: **TRICARE** es un programa de cuidado de salud para miembros de los servicios uniformados, en servicio activos y retirados, sus familias y sobrevivientes. **CHAMPUS** es un programa de cuidado de salud para dependientes de personal militar de servicio o retirado. **CHAMP-V.A.** es seguro de salud para dependientes o sobrevivientes de veteranos discapacitados.

YES..... 01
NO..... 00
DON'T KNOW d
REFUSED..... r

D9. Deleted

CP, YP, YA, YX
CSHCN

D10. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) enrolled in a Title 5 program? Title 5 programs are state level programs that usually provide maternal and child health services.

¿Está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) registrado en un programa TITLE V. Programas Title V son programas de nivel estatal que generalmente proporcionan servicios de salud de maternidad y de niños.

PROBE: Title 5 is a State-Level type of health coverage that a child may have. Children may get health care services, care coordination, medications, equipment, or supplies through the Title 5 program.

PROBE: Title 5 es un tipo de cobertura de salud a nivel estatal que un niño puede tener. Los niños pueden conseguir servicios de salud, coordinación de servicios, medicamentos, equipo, o provisiones/viveres a traves el programa Title V.

YES..... 01
 NO..... 00
 DON'T KNOW d
 REFUSED r

CP, YP, YA, YX
 CSHCN

D11. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by any other kind of health insurance or health care plan that pays for services obtained from hospitals, doctors, and other health professionals?

¿Está (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) cubierto(a) por cualquier otro tipo de seguro de salud o por un plan de servicios de salud que paga por servicios obtenidos de hospitales, de doctores, y de otros profesionales médicos?

YES..... 01
 NO..... 00 → Go to D13
 DON'T KNOW d → Go to D13
 REFUSED r → Go to D13

CP, YP, YA, YX
 CSHCN

D12. What kind of health plan is it?

¿Qué tipo de plan de salud es?

Do not read, code all that apply

MEDICAID/(FILL STATE NAME) 01
 MEDICARE 02
 S-CHIP/(FILL STATE NAME FOR S-CHIP) 03
 TITLE V 04
 MEDIGAP 05
 CHAMPUS/CHAMP-VA, TRICARE,
 VA, OTHER MILITARY 06
 INDIAN HEALTH SERVICE 07
 PRIVATE INSURANCE 08
 SINGLE SERVICE PLAN (DENTAL, VISION,
 PRESCRIPTIONS, ETC.) 09
 OTHER PLAN (SPECIFY) ↓ 10

DON'T KNOW d
 REFUSED r

CP, YP, YA, YX

D13. CHECK: Is D1=01, D4=01, D5=01, D8=01, D10=01, or D11=01, that is, does NAME have **any** health insurance coverage?

YES..... 01 → Go to D17
NO..... 00

CP, YP, YA, YX
CSHCN

D14. It appears that (FILL "NAME DOES" IF RTYPE=01,03; "YOU DO" IF RTYPE=02) not have any health insurance coverage to help pay for services from both hospitals and doctors, and other health professionals. Is that correct?

Pareciera que (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) no tiene ningun tipo de cobertura de seguro de salud para ayudar a pagar por servicios obtenidos de hospitales, de doctores, y de otros profesionales médicos. ¿Es correcto?

YES..... 01→ Go to D19
NO..... 00→ Continue
DON'T KNOWd→ Go to D19
REFUSEDr→ Go to D19

CP, YP, YA, YX
CSHCN

D15. What kind of health coverage (FILL "DOES NAME" IF RTYPE=01,03; "DO YOU" IF RTYPE=02) have? Any other kind?

¿Qué tipo de cobertura de salud tiene (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02)? ¿Algún otro tipo?

Do not read, code all that apply

MEDICAID/(FILL STATE NAME) 01
MEDICARE 02
S-CHIP/(FILL STATE NAME FOR S-CHIP) 03
TITLE 5 04
MEDIGAP 05
CHAMPUS/CHAMP-VA, TRICARE,
VA, OTHER MILITARY 06
INDIAN HEALTH SERVICE 07
PRIVATE INSURANCE..... 08
SINGLE SERVICE PLAN (DENTAL, VISION,
PRESCRIPTIONS, ETC.) 09
OTHER PLAN (SPECIFY)↓ 10

DON'T KNOW d
REFUSED r

CP, YP, YA, YX
Created

D16. Is this coverage paid for **mainly** by the government, an employer or union, (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) family, or someone else?

¿Es esta cobertura pagada **principalmente** por el gobierno, un empleador o sindicato (FILL "LA" IF RTYPE=01,03; "SU" IF RTYPE=02) familia (FILL "DE NAME" IF RTYPE=01, 03; ELSE BLANK), o por otra persona?

GOVERNMENT	01
EMPLOYER/UNION.....	02
FAMILY.....	03
OTHER (SPECIFY)↴	04
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DON'T KNOW	d
REFUSED	r

CP, YP, YA, YX
CSHCN

D17. In the past 12 months, that is since (FILL THIS MONTH, LAST YEAR), was there any time when (FILL "NAME WAS" IF RTYPE=01, 03; "YOU WERE" IF RTYPE=02) not covered by **any** health insurance?

En los últimos 12 meses, o sea que desde (FILL THIS MONTH, LAST YEAR), ¿hubo algún tiempo cuando (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) no estaba cubierto(a) por cualquier seguro de salud?

YES.....	01	→ Continue
NO.....	00	} → Go to D21
DON'T KNOW	d	
REFUSED	r	

CP, YP, YA, YX
CSHCN

D18. In the past 12 months, about how many months (FILL "WAS NAME" IF RTYPE=01, 03; "WERE YOU" IF RTYPE=02) without coverage?

En los últimos 12 meses, ¿más o menos cuántos meses estuvo (FILL "NAME" IF RTYPE = 01,03; "UD." IF RTYPE = 02) sin cobertura?

|| MONTHS

DON'T KNOW	d
REFUSED	r

GO TO D21

CP, YP, YA, YX
CSHCN

D19. About how long has it been since (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) last had health coverage, if ever?

¿Más o menos cuánto tiempo ha pasado desde la última vez que (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) tuvo cobertura de salud, si es que la tuvo?

6 months or less..... 01→ *Continue*
More than 6 months, but not more than
1 year ago 02→ *Continue*
More than 1 year, but not more than 3
years ago 03→ *Go to D21*
More than 3 years 04→ *Go to D21*
Never 05→ *Go to D23*

6 meses o menos..... 01→ *Continue*
Más de 6 meses, pero no más de
un (1) año..... 02→ *Continue*
Más de un (1) año, pero no más de
tres (3) años..... 03→ *Go to D21*
Más de tres (3) años 04→ *Go to D21*
Nunca..... 05→ *Go to D23*

DON'T KNOW..... d→ *Go to D21*
REFUSED..... r→ *Go to D21*

CP, YP, YA, YX
CSHCN

D20. In the past 12 months, about how many months (FILL "WAS NAME" IF RTYPE=01, 03; "WERE YOU" IF RTYPE=02) without any health insurance or coverage?

En los últimos 12 meses, ¿más o menos cuántos meses estaba (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) sin cobertura de seguro de salud?

|_|_| MONTHS

DON'T KNOW..... d
REFUSED..... r

CP, YP, YA, YX
NEILS

D21. (FILL "HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) ever tried to get (FILL "YOUR" IF RTYPE=01, 02; "HIS/HER" IF RTYPE=03) insurance or health plan to pay for something for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03) but they wouldn't pay?

¿Alguna vez ha tratado (FILL "UD." IF RTYPE=01, 02; "NAME" IF RTYPE=03) de conseguir que su seguro o su plan de salud pague por algo para (FILL "NAME" IF RTYPE=01, 03; "UD." IF RTYPE=02), pero ellos no querían pagar?

YES.....	01	→ Continue
NO.....	00] → Go to D23
DON'T KNOW.....	d	
REFUSED.....	r	

CP, YP, YA, YX
NEILS

D22. What wouldn't (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) insurance pay for?

¿Por que cosas no quería pagar (FILL "SU" IF RTYPE=01,02; "EL" IF RTYPE=03) seguro (FILL "DE NAME" IF RTYPE=01, 03; ELSE BLANK)?

Code all that apply

DIAGNOSTIC PROCEDURES OR TESTS.....	01
REFERRAL TO/CARE FROM A SPECIALIST..	02
SURGERY	03
MEDICATIONS	04
EYE EXAM/GLASSES/CONTACT LENSES.....	05
SPECIAL EQUIPMENT.....	06
THERAPY SERVICES	07
OTHER (SPECIFY) ↓	08
<hr/>	
DON'T KNOW	d
REFUSED.....	r

D23. (FILL "HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) ever wanted private health insurance for (FILL "NAME" IF RTYPE=01; "YOURSELF" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03) and not been able to get it?

¿Alguna vez ha querido (FILL "NAME" IF RTYPE = 03; "UD." IF RTYPE = 01,02) seguro de salud privado para (FILL "NAME" IF RTYPE = 01; "UD. MISMO(A)" IF RTYPE = 02; "ÉL/ELLA MISMO(A)" IF RTYPE = 03), y no lo ha podido conseguir?

YES.....	01	} → Go to Part E
NO.....	00	
DON'T KNOW.....	d	
REFUSED.....	r	

D24. Why (FILL "WERE YOU" IF RYTPPE=01, 02; "WAS NAME" IF RTYPE=03) unable to get private health insurance for (FILL "NAME" IF RTYPE=01; "YOURSELF" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03)?

¿Por qué no pudo (FILL "UD." IF RTYPE=01,02; "NAME" IF RTYPE=03) conseguir seguro de salud privado para (FILL "NAME" IF RTYPE = 01; "UD. MISMO(A)" IF RTYPE = 02; "ÉL/ELLA MISMO(A)" IF RTYPE = 03)?

Do not read list, code all that apply

BECAUSE OF PRE-EXISTING CONDITION....	01
BECAUSE OF HEALTH RISKS	02
COULDN'T AFFORD IT	03
OTHER (SPECIFY)↴.....	04
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DON'T KNOW.....	d
REFUSED.....	r